Illinois Department of Healthcare and Family Services

REPORT ON RESIDENT OF PRIVATE LONG TERM CARE FACILITY

TO: FROM:

1. Case Name _____ Case No. _____
   Last First Middle Cat. Co/Dist Basic

2. Applicant _____ or Recipient _____ Date of Admission _____

3. Has the resident or someone on behalf of the resident paid a fee prior to or upon admission to the facility?
   Yes _____ No _____
   If Yes, specify amount of payment, as appropriate:
   Admission $ _____ Security Deposit $ _____ Application Fee $ _____

   If a security deposit was paid, was it applied toward the resident's care in the facility? Yes _____ No _____
   If Yes, how much, when and for what period of time? _____

   If a security deposit was paid by the resident, was it returned to the resident?
   Yes _____ No _____. If Yes, what was the amount and date returned? $ _____

   If the security deposit was not applied toward the resident's cost of care or returned to the resident, explain what happened to the security deposit _____
   _____

4. Has the resident contracted for life care or partial life care with the facility?
   Yes _____ No _____. Note: If Yes, attach a copy of the resident's contract.

5. Has the resident or someone on behalf of the resident prepaid for any care in the facility? Yes _____ No _____ .
   If Yes, specify date(s) of payment, amount(s) and period of time covered by the payment(s) _____
   _____

6. Is the facility receiving on-going or sporadic contributions for support of the resident from a relative, church, fraternal order, friends, etc. ? Yes _____ No _____ .
   If Yes, specify:
   Name of Contributor _____ Relationship _____

   Contributor's Address _____ Monthly Payment Amount $ _____

Certification

I, the undersigned authorized representative, declare that I have examined this form and that, to the best of my knowledge and belief, the information supplied is true, correct and complete.

_____ _____
Authorized Representative of Facility Title

DATE _____

INSTRUCTIONS FOR COMPLETION OF FORM HFS 26

FORM HFS 26 IS NOT REQUIRED FOR INDIVIDUALS ENTERING OR RESIDING IN A DEPARTMENT OF HUMAN SERVICES (DHS) FACILITY/SUB-UNIT (PUBLIC FACILITY)

Form HFS 26 is required to be completed by the facility for:

- **Persons admitted or readmitted to a facility,**
- **Persons transferring between facilities, and**
- **Persons applying for assistance while residing in the facility**

Form HFS 26 provides the DHS local office with information regarding:

- admission deposits
- security deposits
- pre-payment for care
- life care contracts
- partial life care contracts

This completed form along with a copy of the contract between the facility and the resident if item #4 on the front side is checked Yes, must be sent to the DHS local office within 10 days of admission. If the person applies for assistance while a resident, this form and the contract, if appropriate, must be sent to the DHS local office before payment can be authorized.

The facility must answer all the questions on the form. Incomplete forms will be returned to the facility for completion.

Payment will not be authorized for care in the facility unless a completed Form HFS 26 has been received by the DHS local office.